

Name
in
Full

Andrew Jackson Cheseldine

CERTIFICATE OF DEATH

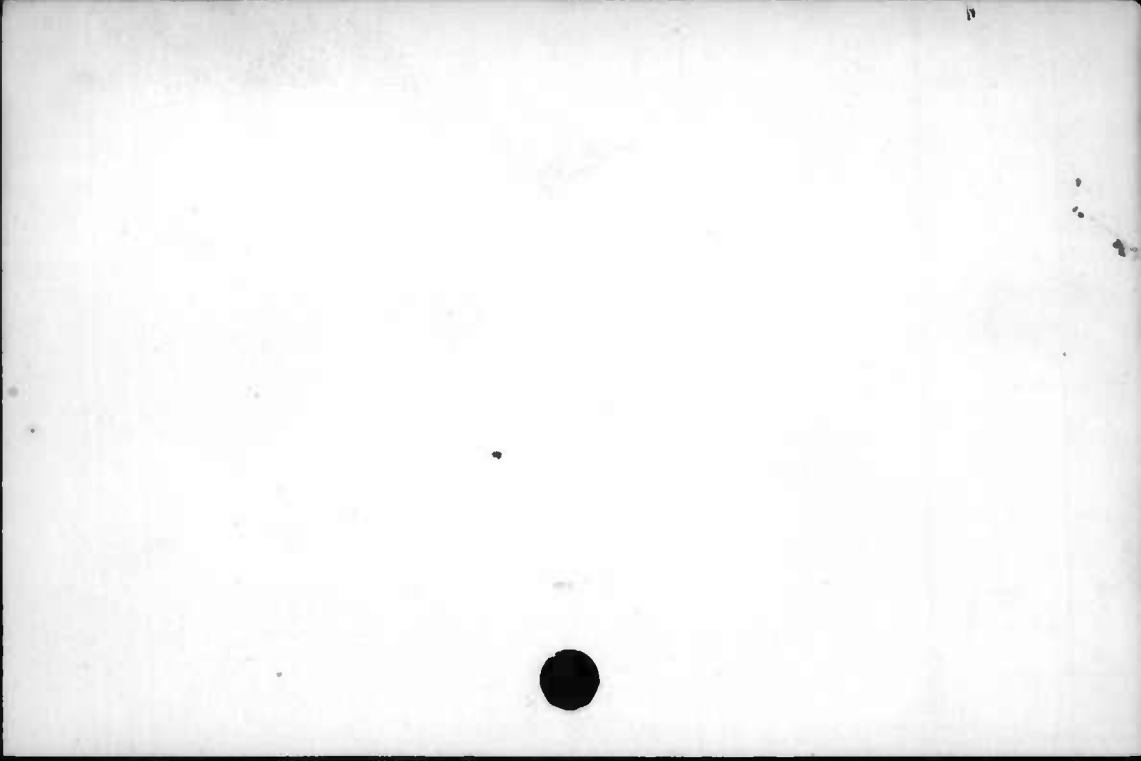
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princeton</i>		Town <i>St. Marys</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>9</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Kellum Cheseldine</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>May Virginia Long</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Kellum Cheseldine</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>2 mos</i>
Immediate <i>Decubus</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>md</i>	



Name
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CERTIFICATE OF DEATH

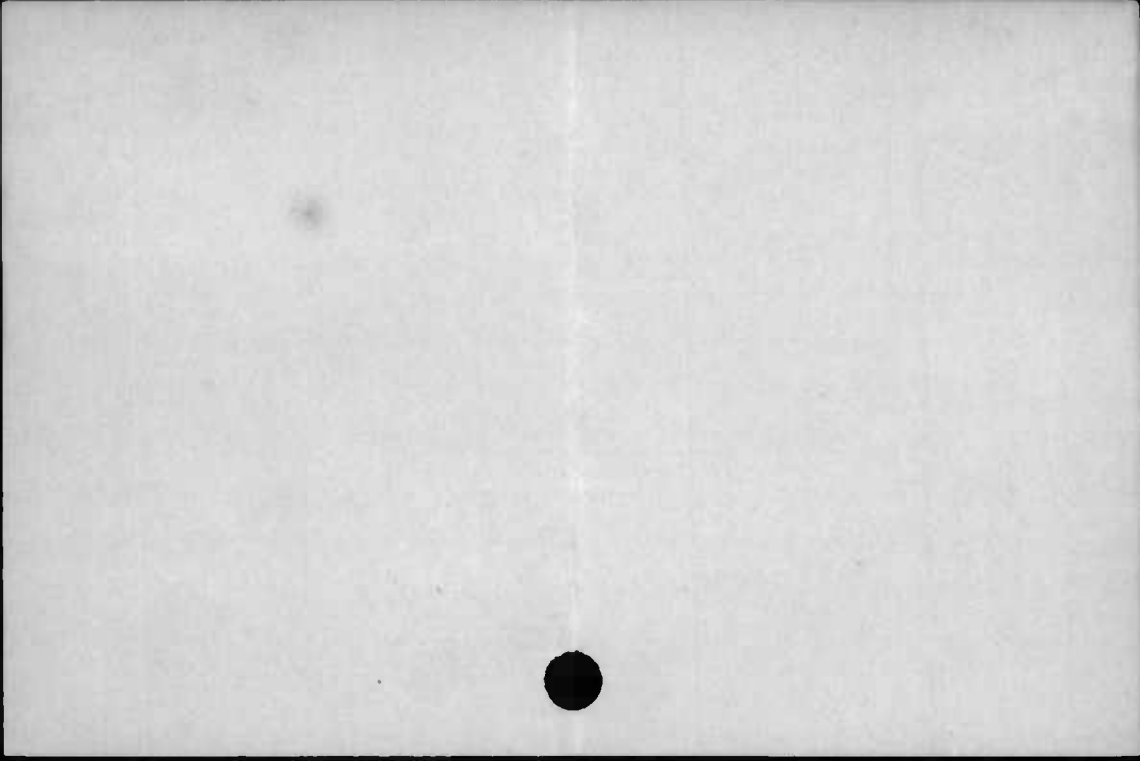
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pearson</u> Town <u>St. Marys</u> County			MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	September	28	Age 36		
Sex	Color or Race	Birth-place			
Female	White	North Carolina			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Married			Ulysses S. Crowder		
Father's Name			Father's Birthplace		
E. L. P. Lewis					
Mother's Maiden Name			Mother's Birthplace		
Famar Davis					
Name of person giving information			How related to deceased		
Ulysses S. Crowder			Husband		

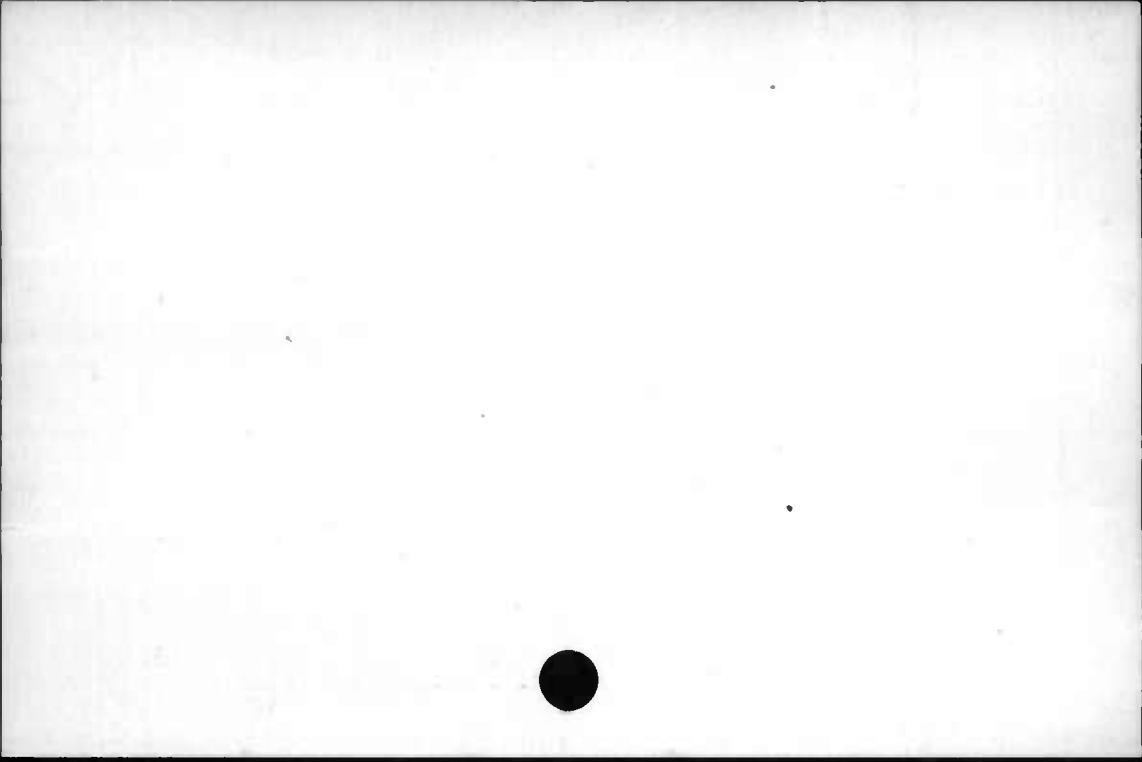
CAUSES OF DEATH

PHYSICIAN
OR CORONER

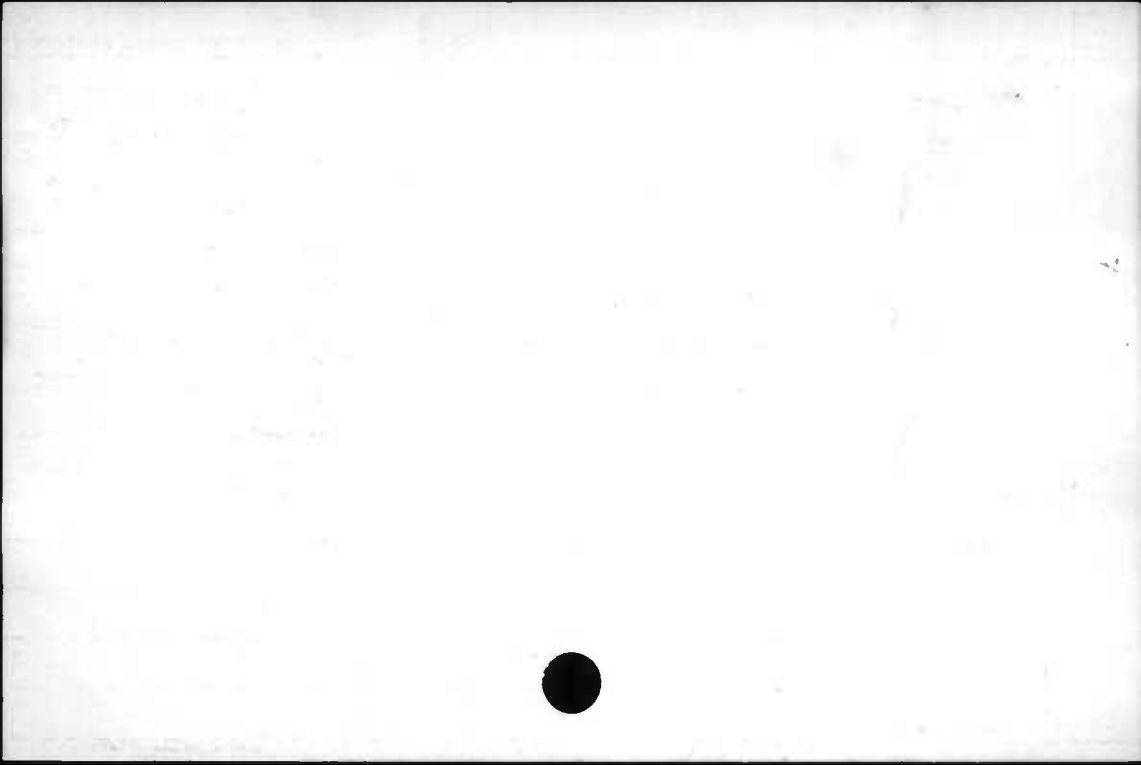
Primary	How long
Fractured distal humerus	8 days
Immediate	How long
Exhaustion	about 10 minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Ad. Hodadon M.D.
	Address
	Pearson Post Office
	Maryland
Accident or Suicide?	



Name in Full		Charles Oliver Hulet				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at Wynn		Sh Mary.				
		Date of death 1906	Month Sept	Day 23	Age	Years	Months 8	Days
		Sex male	Color or Race Col	Birth-place Md				
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
Father's Name		Chas Hulet		Father's Birthplace Md				
Mother's Maiden Name		Dora E. Hulet		Mother's Birthplace Md				
Name of person giving information				How related to deceased				
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		Pneumonia		How long 1 week		
		Immediate		Exhaustion		How long 2 days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. L. Leary, Jr.		
				Address		Ridgely, Md.		
		Accident or Suicide?						



Name in Full		Margareth Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	St Inings ^{Town}		Sh ^{County} Marys		MARYLAND	
	Date of death	1906	Month Sept	Day 3-	Age 85-	Months	Days
	Sex	Female		Color or Race	Col		Birth-place
	Occupation				Where Residing If not at place of death		
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name	Dont Know					Father's Birthplace
	Mother's Maiden Name	" "					Mother's Birthplace
Name of person giving information	Henry Foreach					How related to deceased	
Son							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Debility Senile				How long	154
	Immediate	Exhaustion				How long	One week
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?				Md		



Name
in
Full

Mariah Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Beechville^{County} Sh. MarysDate
of death 1906Month
SeptDay
29Age
38

Months

Days

Sex Female

Color or
Race WhiteBirth
place Don't know

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband William JonesFather's
Name Don't knowFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information Wm JonesHow related
to deceased Husband

CAUSES OF DEATH

Primary Tuberculosis

How long 10 years

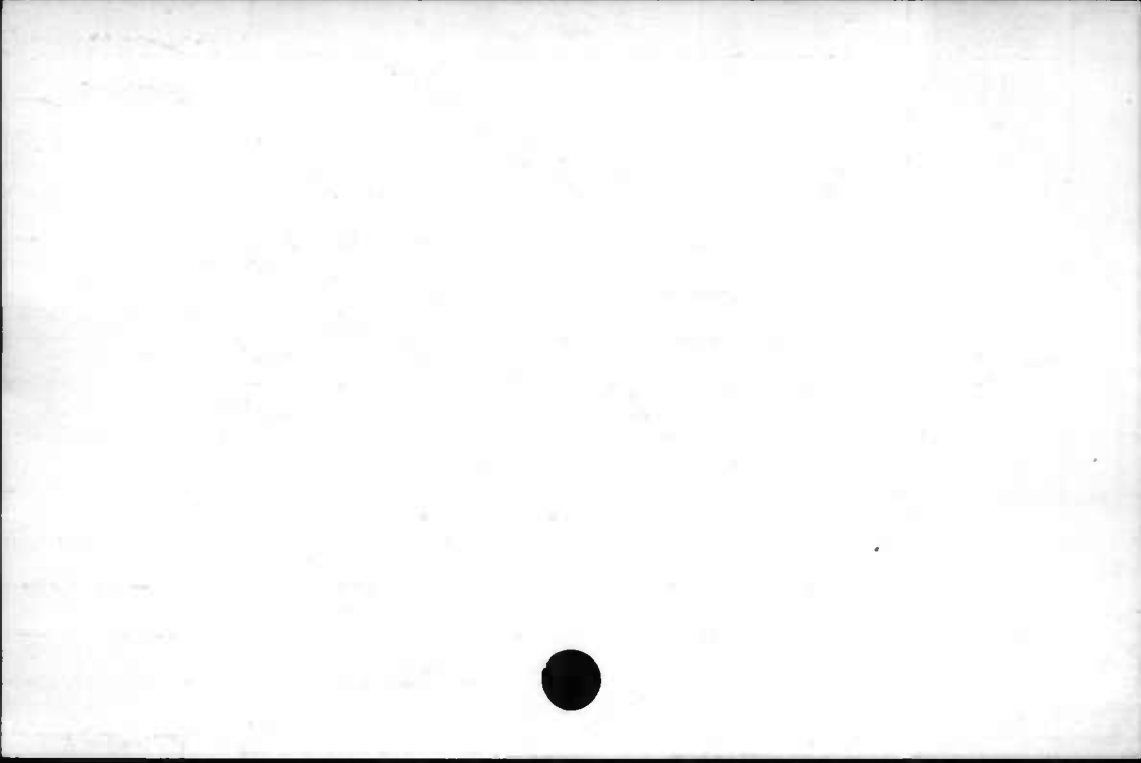
Immediate Exhaustion

How long 2 weeks

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician G. H. Leard

Address Ridge Spring

Accident or Suicide?



Name
in
Full

Florence Penn

CERTIFICATE OF DEATH

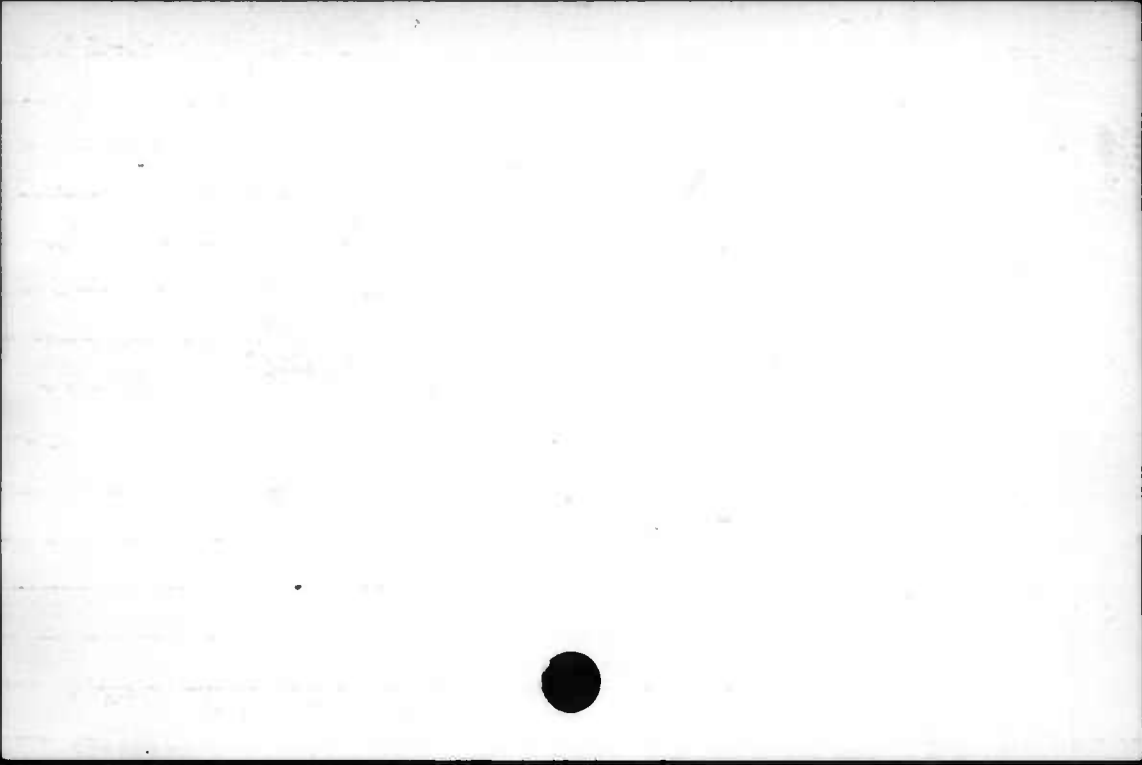
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Mechanicsville</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death	1903	Month	Sept.	Day	13	Years	16
Sex	Female		Color or Race	Colored		Birth-place	St. Mary's Co.
Occupation	Servant		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Samuel Penn				Father's Birthplace	St. Mary's Co.	
Mother's Maiden Name	Elizabeth Cornbs				Mother's Birthplace	St. Mary's Co.	
Name of person giving information	Samuel Penn				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Supposed to be Typhoid fever		How long	Five weeks
Immediate	She had no physician		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Zach. R. Morgan, M.D.	
			Address	
			Mechanicsville, Va	
Accident or Suicide?				



Name in Full		Renda Ellen Hilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cockville</u>		Town		County <u>St Mary's</u>	
		Date of death <u>1906</u>		Month <u>Sept</u>	Day <u>19</u>	Age	Years
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place	<u>Ind</u>
		Occupation		Where Residing If not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		<u>James Lloyd</u>		Father's Birthplace	<u>Ind</u>
		Mother's Maiden Name		<u>R. Ellen Hilson</u>		Mother's Birthplace	<u>Ind</u>
Name of person giving information		<u>Frank Hilson</u>		How related to deceased		<u>Uncle</u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Phlebotomy</u>		How long <u>2 hrs</u>			
		Immediate <u>Subsistent Hemorrhage</u>		How long <u>2 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. O. King</u>		Address <u>Cockville</u>	
		<u>Sept 19 1906</u>		Accident or Suicide?		<u>Ind</u>	

